

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|--------|---------|
| FEE DETERMINATION | SD | 69916 | 8/11 |
| O.I.P.E. CLASSIFIER | | 10 | 8-16-99 |
| FORMALITY REVIEW | CH | 69916 | 8-31-99 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|----------|------|
| Final | |
| Original | |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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